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Bib Data Sheet

CONFIRMATION NO. 7800

SERIAL NUMBER 10/660,051	FILING DATE 09/11/2003 RULE	CLASS 435	GROUP ART UNIT 1654	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/424,265 11/06/2002 *[Signature]*

** FOREIGN APPLICATIONS *****
NONE *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/24/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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Verified and Acknowledged *[Signature]* Examiner's Signature *[Signature]* Initials *[Signature]*

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TITLE
 Compositions and methods for the treatment of mycobacterial infections

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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